



## URINARY TRACT ANTISPASMODICS PA SUMMARY

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| <b>PREFERRED</b>     | Flavoxate, Oxybutynin (IR tabs, syrup), Oxytrol, Toviaz, Vesicare  |
| <b>NON-PREFERRED</b> | Branded products with generics available, Detrol, Detrol LA, Enablex, Gelnique, Myrbetriq, Oxybutynin ER, Sanctura XR, Tolterodine IR/ER, Trospium IR/ER |

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** If generic tolterodine ER is approved, the PA will be issued for the brand-name product, Detrol LA. If generic trospium ER is approved, the PA will be issued for the brand-name product, Sanctura XR. If brand-name Detrol is approved, the PA will be issued for the generic product, tolterodine.

### PA CRITERIA:

*For Gelnique*

- ❖ Approvable for members unable to swallow oral dosage forms of medication

*AND*

- ❖ Physician should submit a written letter of medical necessity stating the reason(s) that Oxytrol is not appropriate for the member.

*For all other non-preferred products*

- ❖ Member must have experienced an inadequate response, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to 2 of the preferred agents.

### QLL CRITERIA:

- ❖ One replacement patch may be approved if an Oxytrol Patch has been lost or damaged.

### EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

### PA and Appeal Process:

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

### Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click



on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.